



State of Washington

DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF BANKS

P.O. Box 41200 • Olympia, Washington 98504-1200

Telephone (360) 902-8704 • TDD (360) 664-8126 • FAX (360) 753-6070 • <http://www.dfi.wa.gov>

Consumer Complaint

We have found complaints can normally be resolved if the consumer contacts the bank directly. If you have not already done so, please contact the appropriate bank officer and attempt to resolve the problem. If direct contact with the bank is unsuccessful or you are not satisfied with the results, please fill out this form and send it, along with copies of the bank's response and any other appropriate documentation, to the Division of Banks. Your complaint will be promptly acknowledged, and you will be notified of the final disposition.

NOTE: The Division of Banks regulates Titles 30, 32, and 33 of the Revised Code of Washington. Disputes involving contract interpretation, questions of fact, or other legal issues fall under the jurisdiction of the courts, and you will be advised to seek legal counsel.

All information you provide will be disclosed to the bank listed below. If your complaint involves a bank that is not regulated by the Division of Banks, then the matter will be forwarded to the appropriate governmental regulatory agency.

Your Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____ Fax Number: (____) _____ - _____

Email Address: _____

Bank Information:

Name of Bank: _____

Location: _____ Branch: _____

Who You Contacted: _____

Complaint/Problem:

Briefly describe the problem or complaint in the space provided below.

Public Records Disclosure Act:

Under the public records provisions of Washington law, RCW 42.17 et.seq., this complaint may become subject to public disclosure at some time after your file is closed.

☐ By checking this box, you may request that this complaint not be disclosed if it is requested pursuant to the Public Records Disclosure Act.

Declaration:

By signing my name below, I declare, under penalty of perjury under the laws of the State of Washington that the information contained in this complaint is true and accurate and the information may be used to further investigate the complaint.

Date

Signature